



# State of New Hampshire 2015 ANNUAL REPORT

The following information shall be given as of January 1  
preceeding the due date Pursuant to RSA 293-A:16.22.

REPORT DUE BY April 1, 2015

ANNUAL REPORTS RECEIVED AFTER THE DUE DATE  
WILL BE ASSESSED A LATE FEE.

Filed

Date Filed: 02/18/2015

Business ID: 606534

William M. Gardner

Secretary of State

KYOCERA DOCUMENT SOLUTIONS NEW ENGLAND, INC.

35B CABOT ROAD  
WOBURN, MA 01801

## ADDRESS OF PRINCIPAL OFFICE:

35B CABOT ROAD  
WOBURN, MA 01801

## REGISTERED AGENT AND OFFICE:

LAWYERS INCORPORATING SERVICE  
14 CENTRE STREET  
CONCORD, NH 03301

ENTITY TYPE: CORPORATION

BUSINESS ID: 606534

STATE OF DOMICILE: MASSACHUSETTS

RETAIL TRADE - COPIERS.

If changing the mailing or principal office address, please check the appropriate box and fill in the necessary information.

☐

The new mailing address

☐

The new principal office address

PO Box is acceptable.

## OFFICERS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE OFFICER BELOW)

TREAS. Nicholas Maimone

STREET 225 Sand Road

CITY/STATE/ZIP Fairfield NJ 07004

SEC'Y. Calvin Rosen

STREET 225 Sand Road

CITY/STATE/ZIP Fairfield NJ 07004

OTHE. Seiji Yamada

STREET 225 Sand Road

CITY/STATE/ZIP Fairfield NJ 07004

PRES. Nori Ina

STREET 225 Sand Road

CITY/STATE/ZIP Fairfield NJ 07004

NAMES AND ADDRESSES OF ADDITIONAL OFFICERS AND DIRECTORS ARE ATTACHED

## BOARD OF DIRECTORS

NAME AND BUSINESS ADDRESS (P.O. BOX ACCEPTABLE).

(MUST LIST AT LEAST ONE DIRECTOR BELOW)

DIR. Nicholas Maimone

STREET 225 Sand Road

CITY/STATE/ZIP Fairfield NJ 07004

DIR. Seiji Yamada

STREET 225 Sand Road

CITY/STATE/ZIP Fairfield NJ 07004

DIR. Nori Ina

STREET 225 Sand Road

CITY/STATE/ZIP Fairfield NJ 07004

NAME .....

STREET .....

CITY/STATE/ZIP .....

To be signed by an officer, director, or any other person authorized by the board of directors.  
I, the undersigned, do hereby certify that the statements on this report are true to the best of my information, knowledge and belief.

Sign here:

Brian J Fox

Please print name and title of signer:

Brian J Fox

/

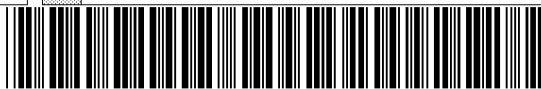
AUTHORIZED PARTY

NAME

TITLE

FEE DUE: \$100.00

E-MAIL ADDRESS (OPTIONAL):



060653420151003

WHEN THIS FORM IS ACCEPTED BY THE SECRETARY OF STATE, BY LAW IT WILL BECOME A  
PUBLIC DOCUMENT AND ALL INFORMATION PROVIDED IS SUBJECT TO PUBLIC DISCLOSURE  
REQUIRED INFORMATION MUST BE COMPLETE OR THE REGISTRATION REPORT WILL BE REJECTED

MAKE CHECK PAYABLE TO SECRETARY OF STATE

RETURN COMPLETED REPORT AND PAYMENT TO:

New Hampshire Department of State, Annual Reports, 107 N. Main St., Room 204, Concord, NH 03301